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CONFIRMATION NO. 5953

<b>SERIAL NUMBER</b> 09/470,265	<b>FILING OR 371(c) DATE</b> 12/22/1999 <b>RULE</b>	<b>CLASS</b> 257	<b>GROUP ART UNIT</b> 2811	<b>ATTORNEY DOCKET NO.</b> 303.455US3	
<b>APPLICANTS</b> KARL M ROBINSON, BOISE, ID;  <b>** CONTINUING DATA *****</b> This application is a DIV of 08/676,708 07/08/1996 PAT 6,660,610 YES TT <b>** FOREIGN APPLICATIONS *****</b> NONE TT <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/07/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>WMM</u> Allowance Examiner's Signature <u>TT</u> Initials		<b>STATE OR COUNTRY</b> ID	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 67	<b>INDEPENDENT CLAIMS</b> 13
<b>ADDRESS</b> 21186					
<b>TITLE</b> DEVICES HAVING IMPROVED CAPACITANCE					
<b>FILING FEE RECEIVED</b> 3110	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		